



Maryland Children's Alliance

2019 Annual Membership Renewal Application

A. Agency Information

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|---|--------------|
| CAC Name: | |
| Direct Supervisor/Coordinator: | |
| Jurisdiction Served: | |
| Year Established: | |
| # of CAC staff persons directly serving CAC clients: | |
| # of MDT partners directly serving CAC clients: | |
| NCA Status: <input type="checkbox"/> Member <input type="checkbox"/> Non-Member | |
| Annual Budget: | Fiscal Year: |

B. Accreditation

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|---|
| Accreditation Status: <input type="checkbox"/> Accredited <input type="checkbox"/> Associate/Developing <input type="checkbox"/> Satellite <input type="checkbox"/> Affiliate |
| If accredited, date of most recent accreditation: _____ |
| Next re-accreditation application due: _____ |
| If not accredited, what year do you anticipate submitting your application? _____ What assistance do you need from MCA to complete your application process? |

- C. MDT Contact Info:** Please attach a copy of your MDT contact list so that we may contact the appropriate disciplines about upcoming trainings and events.